



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

TO: Vaccine Provider

FROM: Maryland Department of Health and Mental Hygiene
Center for Immunization
Vaccines for Children Program

SUBJECT: Provider Enrollment in the Vaccines for Children Program

Thank you for your interest in enrolling in the State of Maryland's Vaccines for Children (VFC) Program.

The VFC Program is a federal entitlement program that provides publicly purchased vaccines for eligible children, at no cost to the participating health care provider. Children 0 through 18 years of age who meet at least one of the following criteria are eligible to receive VFC vaccine:

- Medicaid eligible;
- Uninsured;
- Native American or Alaska Native; or
- Underinsured (vaccinated at a FQHC/RHC only)

Enclosed please find the Maryland VFC New Enrollment Pre-Site Questionnaire. Please fax the completed Pre-Site Questionnaire to the fax number below. Please keep a copy for your records.

VFC Program Fax Number 410-333-5893

Upon review and approval of the completed Pre-Site Questionnaire, VFC Provider enrollment forms will be mailed to the responsible medical provider. In addition, a VFC Site Reviewer will contact the responsible medical provider to schedule a new enrollment visit.

Please note: all VFC Provider enrollment forms must be completed prior to the new enrollment visit. If you have any questions or need assistance completing the Pre-Site Questionnaire please call the VFC Contact Center at 410-299-5647.

**Maryland Vaccines for Children (VFC)
New Enrollment Pre-Site Questionnaire**

Fax completed questionnaire to: 410-333-5893

Responsible Medical Provider: _____ Medical License #: _____

Phone Number: (____) _____ Fax Number: (____) _____ County: _____

Address: _____ Zip: _____

Email Address: _____ Practice/Facility/Clinic Name: _____

TYPE OF PRACTICE/FACILITY (select one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Pediatric Practice | <input type="checkbox"/> Local Health Department | <input type="checkbox"/> School-Based Health Clinic |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> College-Based Health Clinic |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Urgent Care Center | <input type="checkbox"/> Juvenile Justice/Corrections |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> FQHC/RHC | |

CATAGORY OF VFC-ELIGIBLE CHILD (0-18 yrs) EXPECTED TO VACCINATE (check all that apply):

- ☐ Maryland Medicaid ☐ No Health Insurance ☐ Native American/Alaskan Native ☐ Underinsured (FQHC/RHC Only)

SHIPPING HOURS: Indicate hours practice/facility is open and someone is available to accept shipments

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Special shipping instructions:

VACCINE STORAGE UNITS

REFRIGERATOR STORAGE UNIT TYPES			FREEZER STORAGE UNIT TYPES		
	Type	Number of Units		Type	Number of Units
<input type="checkbox"/>	Combination (with freezer)		<input type="checkbox"/>	Combination (with refrigerator)	
<input type="checkbox"/>	Stand alone refrigerator (Dorm style units are NOT acceptable)		<input type="checkbox"/>	Stand alone freezer (Dorm style units are NOT acceptable)	
<input type="checkbox"/>	Commercial/Pharmacy Grade		<input type="checkbox"/>	Commercial/Pharmacy Grade	

Is your refrigerator/freezer unit(s) in good worker condition ☐ Yes ☐ No

Does your refrigerator/freezer unit(s) maintain proper temperatures (35°- 46°F refrigerator; 5°F or lower freezer)

☐ Yes ☐ No

Per VFC Program requirements, all vaccine storage units must have a certified calibrated thermometer. Do your vaccine storage units have certified calibrated thermometers? ☐ Yes ☐ No

If yes, please fax the thermometer certificates, along with this questionnaire, to the number above. Submission of the thermometer's manufacturer warranty is NOT acceptable. Certified calibrated thermometers are available from laboratory and scientific supply companies.

Please note: VFC-eligible patients should not be scheduled for vaccination until AFTER receipt of the vaccine.

FOR OFFICE USE ONLY

Date Faxed: _____ **Date Received:** _____

Comments: